[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. We are pleased that you have chosen us for your eye care needs. Our team is committed to providing you with the highest quality ophthalmic medical and surgical care.

Your first appointment is scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Doctor: [Doctor Name]

Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring the following items to your visit:

- A valid photo ID and your current insurance card(s).
- A list of all current medications, including eye drops and vitamins.
- Your current eyeglasses and/or contact lens information.
- A referral form, if required by your insurance provider.

Please be advised that your eyes may be dilated during the exam. Dilation can cause temporary blurred vision and sensitivity to light. We recommend bringing sunglasses and, if you feel uncomfortable driving, arranging for a driver.

If you need to reschedule or cancel your appointment, please contact us at [Phone Number] at least 24 hours in advance.

We look forward to meeting you and helping you maintain your vision.

Sincerely,

[Doctor or Practice Manager Name]
[Practice Name]
[Practice Phone Number]
[Practice Website]